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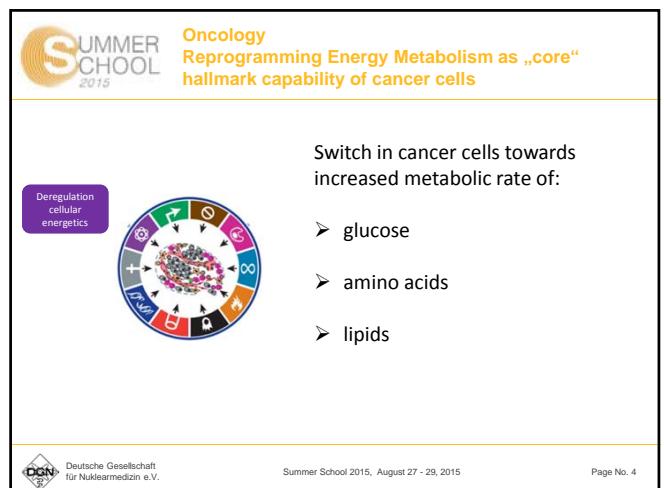
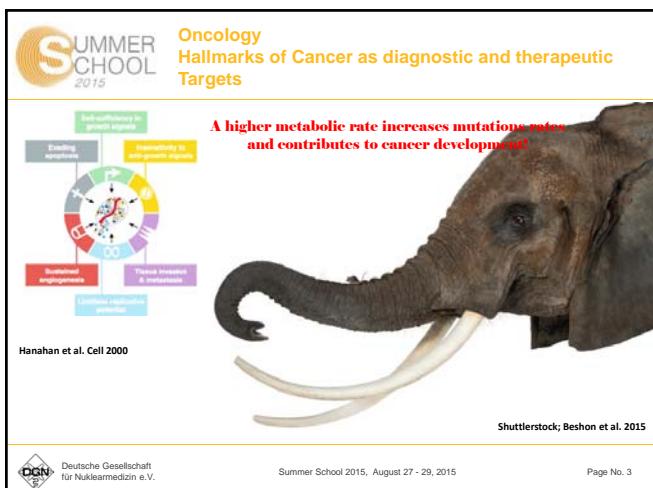
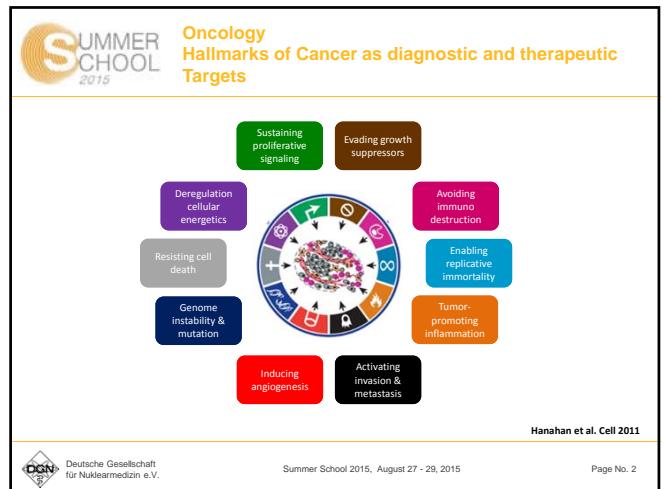
SUMMER SCHOOL 2015

Deutsche Gesellschaft für Nuklearmedizin e.V.

Translational Research in Molecular Imaging and Radionuclid Therapy

August 25 - 27, 2016

Oncology
Dr. Agnieszka Morgenroth
Klinik für Nuklearmedizin,
Universitätsklinikum Aachen



Summer School 2015

Oncology Metabolic switch: one hallmark many faces

The diagram illustrates the metabolic switch in cancer cells. In a normal cell, glucose enters via GLUT and is oxidized through the TCA cycle to produce CO₂. In a cancer cell, glucose enters via GLUT and is converted to pyruvate by Hexokinase I. Pyruvate is then reduced to lactate by LDH and exported. Alternatively, pyruvate can enter the mitochondria for the TCA cycle, while the resulting NADH is used to reduce O₂ to CO₂. The resulting biomass incorporation drives cell proliferation.

Normal Cell: Glucose → GLUT → Hexokinase → Pyruvate → TCA Cycle (Mitochondria) → CO₂

Cancer Cell: Glucose → GLUT → Hexokinase II → Pyruvate → LDH → Lactate → Biomass incorporation → Cell proliferation

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Oncology Metabolic switch: one hallmark many faces

The diagram shows the PI3K signaling pathway. Growth/Survival Factor Receptor activates PI3K, which in turn activates AKT. AKT activates mTOR, which then activates HIF. HIF moves into the nucleus and activates genes that promote aerobic glycolysis while repressing normal metabolism. PTEN is shown as a tumor suppressor that can attenuate this pathway.

Mechanism beyond the metabolic switch:

- Growth or survival factor signaling activates the PI3K signaling pathway.
- Activated PI3K activates AKT, which then activates mTOR, which then activates HIF.
- HIF moves into the nucleus of the cell and activates genes that promote aerobic glycolysis while repressing normal metabolism.
- Activated PI3K can be attenuated by tumor suppressor protein PTEN.

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Oncology Metabolic switch: one hallmark many faces

The figure shows early FDG PET/CT images and chemical structures. On the left, the chemical structure of ¹⁸F-2-Deoxyglucose is shown. Below it are two sets of images: first whole-brain (planar) and tomographic FDG images of a normal volunteer from 1976, and first whole body FDG images of a normal volunteer from 1980. The right side shows a ¹⁸F-FDG PET/CT scan of a dog with spontaneous remission, with a corresponding in vivo scintigram and a histogram showing uptake in organs.

¹⁸F-2-DEOXYGLUCOSE

First whole-brain (planar) and tomographic FDG images of brain function of a normal volunteer (1976; Reivich M. et al.)

First whole body FDG images of a normal volunteer (1976; Reivich M. et al.)

¹⁸F-FDG PET/CT

In vivo scintigram with ¹⁸F-FDG at 2 h in a dog with spontaneous remission.

J Nucl Med 21: 670-675, 1980

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Oncology Metabolic switch: one hallmark many faces

The figure shows a ¹⁸F-FDG PET/CT scan of a patient with malignant tumors. The scan shows high FDG uptake in the liver, lungs, and lymph nodes. The text describes the clinical routine of ¹⁸F-FDG PET/CT, including staging and restaging of various tumors, monitoring tumor response to therapy, and imaging of non-small cell lung cancer, esophageal cancer, and colorectal cancer.

¹⁸F-FDG PET/CT

18F-FDG PET/CT in **clinical routine**:

- staging and restaging of a variety of malignant tumors, including lymphoma, melanoma, non-small cell lung cancer, esophageal cancer, and colorectal cancer
- monitoring tumor response to therapy

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Oncology
Metabolic switch: one hallmark many faces

18F-FDG PET/CT

18F-FDG PET/CT in pre-clinical routine:

- evaluation of tumor growth *in vivo*
- monitoring tumor response to therapy

Representative decay-corrected whole-body coronal microPET images of mice bearing UM-SCC-22B tumors at 1 h after intravenous injection of ¹⁸F-FDG (1.85 MBq/mouse) after Doxil or PBS treatment.

Zhang et al. Theranostics 2011

Representative decay-corrected whole-body coronal microPET images of mice bearing MDA-MB 231 tumors at 0.5h after intravenous injection of ¹⁸F-FDG (1.5 MBq/mouse) 7 and 14 days after xenotransplantation.

Morgenroth et al. unpublished data

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Oncology
Metabolic switch: one hallmark many faces

Metabolic reprogramming causes some cancers to switch their energy source from glucose to glutamine...

Rationale for glutamine as an alternative energy source:

- highest concentration (0.5–1 mM) among all of the amino acids circulating in the blood
- during period of rapid growth or stress increased demand for glutamine supply
- contributes to both of energy forming pathways in cancer cells: oxidative phosphorylation and glycolysis

Hensley et al. J Clin Invest 2013

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Oncology
Metabolic switch: one hallmark many faces

[¹⁸F](2S,4R)-4-fluoroglutamine (2S,4R)-4-FGln

Development of glutamine-derivatives as PET tracer for:

- molecular imaging of FDG-negative glutamine-addicted tumors (neuroblastoma)
- identification of patients responding to inhibitors of glutamine metabolism (therapy planning)

In Vivo Distribution of ¹⁸F-(2S,4R)-4-Fluoroglutamine in F344 Rats Bearing S180 Tumor Xenografts After Intravenous Injection

| Organ | Mean | SD | Range |
|----------------|-------------|-------------|-------|
| Heart | 0.40 ± 0.01 | 0.38 ± 0.00 | |
| Liver | 0.28 ± 0.02 | 0.30 ± 0.01 | |
| Intestine | 0.22 ± 0.01 | 0.23 ± 0.00 | |
| Lung | 0.04 ± 0.02 | 0.01 ± 0.04 | |
| Bladder | 1.00 ± 0.05 | 0.95 ± 0.05 | |
| Pancreas | 2.18 ± 0.27 | 1.38 ± 0.16 | |
| Spleen | 0.08 ± 0.01 | 0.07 ± 0.00 | |
| Brain | 0.08 ± 0.15 | 0.08 ± 0.13 | |
| Bladder + Lung | 0.08 ± 0.01 | 0.07 ± 0.00 | |
| Tumor | 2.00 ± 0.12 | 0.98 ± 0.09 | |
| Tumor to Heart | 5.00 | | |
| Tumor to Liver | 5.00 | | |

Lieberman et al. J Nucl Med 2011

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Oncology
Metabolic switch: one hallmark many faces

The fat side of cancer:
Increased de novo synthesis of fatty acids as source of energy, constituents for cell membrane and modification of proteins.

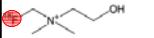
Glunde et al. Nature Rev 2011

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Oncology
Metabolic switch: one hallmark many faces



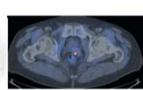
¹⁸F-Choline PET/CT

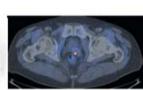


¹⁸F-Cholin PET/CT in clinical routine:

- diagnosis and staging of patients with primary prostate cancer
- monitoring tumor response to therapy

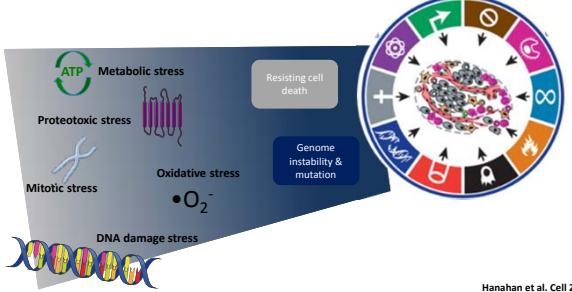






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Oncology
Hallmarks of Cancer as diagnostic and therapeutic Targets



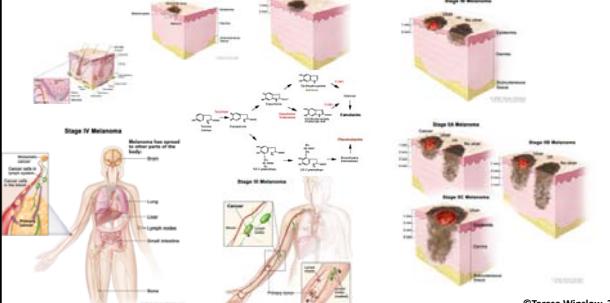
Metabolic stress
Proteotoxic stress
Mitotic stress
Oxidative stress
DNA damage stress

Resisting cell death
Genome instability & mutation

Hanahan et al. Cell 2011

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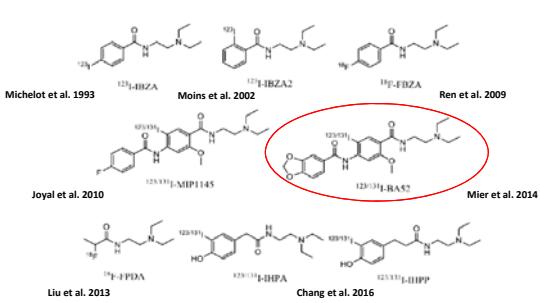
Oncology
Melanin as druggable therapeutic target



©Terese Winslow, 2008

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Oncology
Melanin as druggable therapeutic target



¹³¹I-LBZA Michelot et al. 1993
¹³¹I-LIBZA2 Moins et al. 2002
¹³¹I-FDZA Ren et al. 2009
¹³¹I-LMP145 Joyal et al. 2010
¹³¹I-RA52 Mier et al. 2014
¹³¹I-PPDA Liu et al. 2013
¹³¹I-HPA Chang et al. 2016
¹³¹I-HPP

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Oncology
Melanin as druggable therapeutic target

18^F-FDG PET **123^I-BA52 SPECT (4h p.i.)** **123^I-BA52 SPECT (24h p.i.)**

Radiopharmaceutical Therapy of Patients with Metastasized Melanoma with the Melanin-Binding Benzamide ¹²³I-BA52
Mier et al. J Nucl Med 2014

A **B** **C** **D** **E**

18^F-FDG PET **pre-therapeutic** **Post-therapeutic**

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Oncology
Chronic cell proliferation: most fundamental trait of cancer cells

Sustaining proliferative signaling **Evasive growth suppressors**

Cancer cells acquire the capability to sustain proliferative signaling:

- by increased production of growth factors e.g. EGF, IGF-1 (autonomous growth)
- by overexpression of cognate receptors e.g. EGFR, IGF-1R (hypersensitivity)
- by somatic mutations of signaling pathways operating downstream of growth receptors e.g. B-Raf, PI3-K (constitutive activation)
- by disruption of regulatory negative-feedback mechanism and inactivation of growth suppressors e.g. RB protein, TP53 (uncontrolled proliferation)

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Oncology
Chronic cell proliferation: most fundamental trait of cancer cells

Sustained and continued demand on supply of DNA building blocks as tumor specific target

Highly increased expression and activity of thymidine kinase during the S-phase in malignant cells

Highly increased expression of nucleoside transporter hENT1 in malignant cells

De novo pathway Salvage recycling pathway

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Oncology
Chronic cell proliferation: most fundamental trait of cancer cells

Nucleoside analogues for molecular imaging and therapy of cancer

Thymidine FLT FLMU FIAU

IdUrd BrdUrd AdUrd ITdU

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Oncology
Chronic cell proliferation: most fundamental trait of cancer cells

¹⁸F-FLT PET/CT

¹⁸F-FLT PET/CT in clinical routine:

- diagnosis and staging of a variety of malignant tumors
- monitoring tumor response to therapy

McKinley et al. PLOS ONE 2013

Herrmann et al. J Nucl Med 2011

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Oncology
Chronic cell proliferation: most fundamental trait of cancer cells

Nucleoside analogues for molecular imaging and therapy of cancer

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Oncology
Chronic cell proliferation: most fundamental trait of cancer cells

Preclinical evaluation of nucleoside analogue ITdU for endogenous therapy

Table 1: Phosphorylation of 5-iodouracil by TK1 and susceptibility to glycosidic bond cleavage by TPs

| Substrate | Phosphorylation rate ^a | Relative activity ^b | Formation of N ^c | Relative activity ^d |
|-----------|-----------------------------------|--------------------------------|-----------------------------|--------------------------------|
| IdU | 270 ± 5 | 1.00 | 7.8 ± 0.2 | 1.00 |
| ITdU | 120 ± 10 | 0.44 ± 0.01 | 6.9 ± 1.00 | 0.90 ± 0.005 |

^aPhosphorylation rate = initial monophosphorylating TK1 / min.
^bRelative activity normalized to IdU.
^cFormation of N = formation of N/formation of IdU.
^dRelative activity normalized to IdU.

Biochemical features of ITdU (5-iodo-4'-thio-2-desoxyuridine):

- > phosphorylated by thymidine kinase 1
- > no enzymatic degradation by thymidine phosphorylase
- > 5-Fluor-2'-desoxyuridine (FdUrd)-dependent cell uptake and incorporation into DNA of proliferating tumor cells
- > DNA-incorporated [¹²⁵I]ITdU induces efficiently apoptosis in more than 90% of tumor cells causing extensive tissue damage

Morgenroth et al. Clin Cancer Res 2008

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Oncology
Chronic cell proliferation: most fundamental trait of cancer cells

Preclinical evaluation of nucleoside analogue ¹²³I-ITdU for endogenous therapy

SPECT 24h p.i. of ¹²³I-ITdU

Microautoradiography and TUNEL analysis 24h p.i. of ¹²³I-ITdU

Survival curve (single application of ¹²⁵I-ITdU)

Morgenroth et al. Clin Cancer Res 2008

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Oncology
Chronic cell proliferation: most fundamental trait of cancer cells

In vivo Switching of Human Melanoma Cells between Proliferative and Invasive States

Hoek et al. Cancer Res 2008

Morgenroth et al. submitted 2016

Differentiated melanoma proliferating melanoma

| Cell Type | 4h | 24h |
|-------------------------|-----|-----|
| differentiated melanoma | ~1% | ~1% |
| proliferating melanoma | ~1% | ~7% |

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Oncology
Chronic cell proliferation: most fundamental trait of cancer cells

6 h p.i. 24 h p.i.

CT $[^{123}\text{I}]$ -ITdU $[^{123}\text{I}]$ -ITdU + CT

Morgenroth et al. submitted 2016

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Oncology
Cancer stem cells – a new target for ITdU

Unique properties of stem cells

- ▷ Dormancy
- ▷ high mitotic activity (inducible in response to „injury-signals“)
- ▷ asymmetric division:
 - Self-renewal
 - Differentiation potential
- ▷ active signaling pathways essential for maintenance of „self-renewal“ capacity like Hedgehog (Hh), Wnt und Notch
- ▷ resistance to drugs and toxins through expression of several ABC transporters and scavenger systems, an active DNA-repair capacity and resistance to apoptosis

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Oncology
Cancer stem cells – targeting by induction of differentiation

Inhibition of de novo thymidine synthesis by FdUrd

Consequence of dTTP pool depletion:

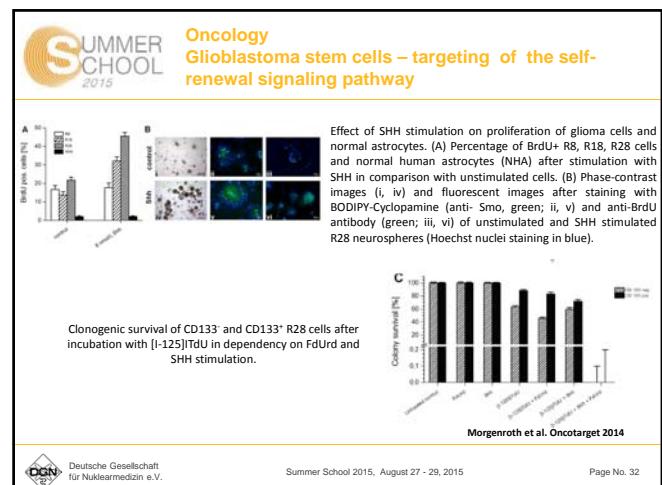
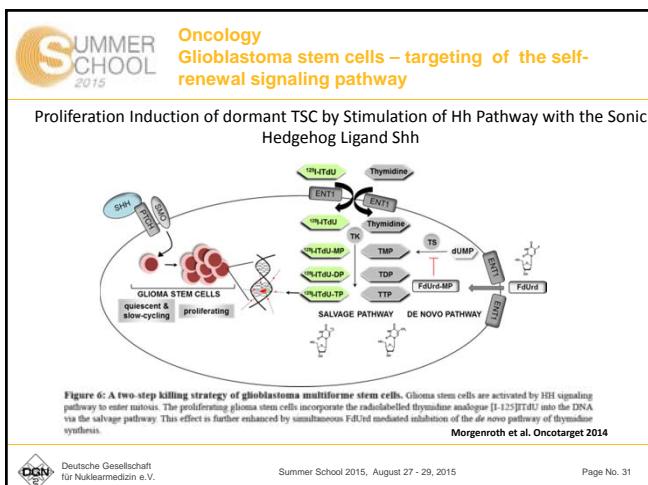
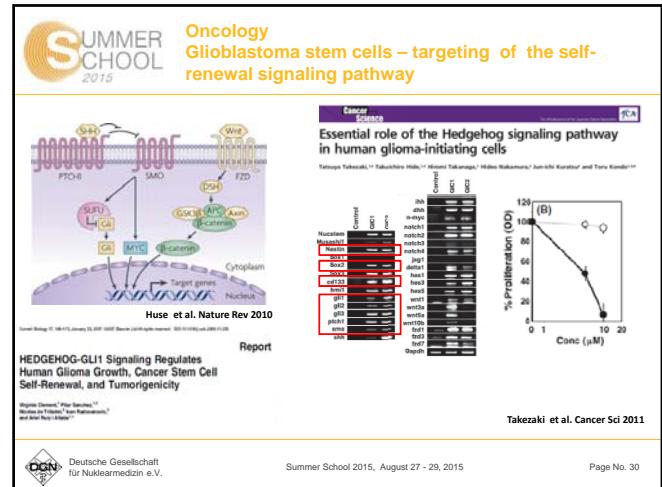
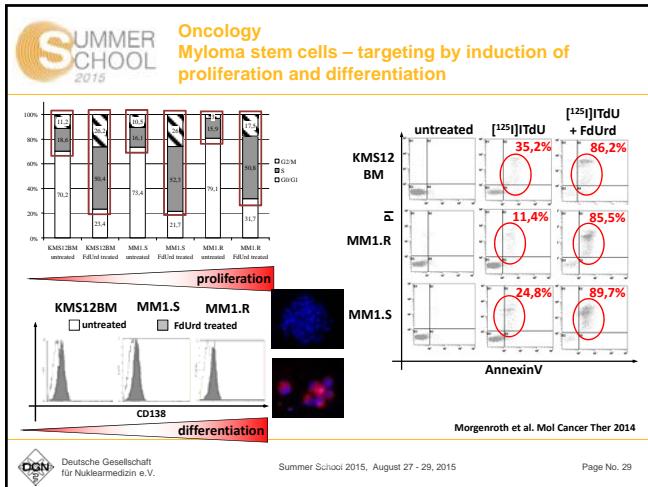
- Intracellular imbalance in dNTPs
- Loss of potential for DNA repair mechanisms

Meyers et al. Oncogene 2003

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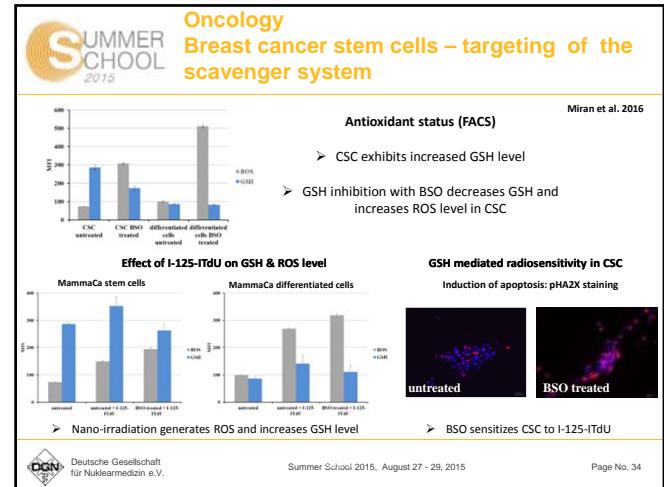
Oncology
Breast cancer stem cells – targeting of the scavenger system

Represents a subtype of breast cancer with unique molecular and clinical characteristics:

- Comprises about 15-25% of all breast cancers
- Lack ER, PR and HER2 – **no targeted therapies**
- exhibits strong phenotypic similarity to **cancer stem cell (CSC)**
- Therapy resistance: elevated GSH concentration

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Oncology
Breast cancer stem cells – targeting of the scavenger system

Therapy study in BreastCa mice

| 1. Therapy cycle | - BSO/I-125-ITdU (10 MBq) |
|------------------|---------------------------|
| Day -1 | I-125-ITdU (10 MBq) |
| Day 0 | |
| 2. Therapy cycle | - BSO/I-125-ITdU (10 MBq) |
| Day 4 | I-125-ITdU (10 MBq) |
| 3. Therapy cycle | - BSO/I-125-ITdU (10 MBq) |
| Day 8 | I-125-ITdU (10 MBq) |
| Day 12 | |
| Day 15 | |

F-18-FDG PET for tumor growth monitoring

Interim F-18-FDG PET for tumor growth monitoring

Interim F-18-FDG PET for tumor growth monitoring

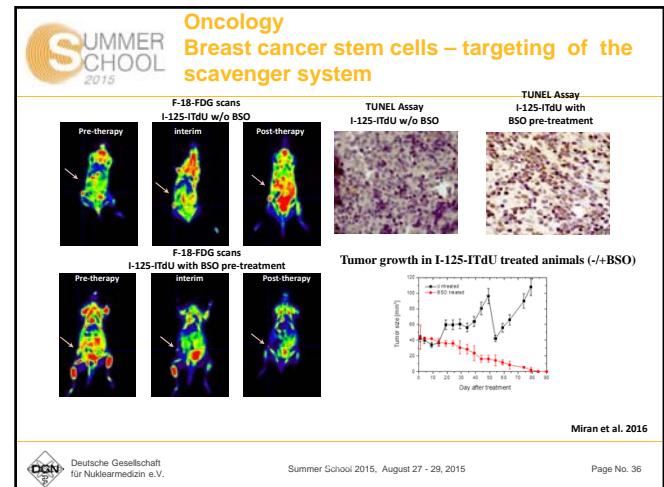
Interim and End point F-18-FDG PET for tumor growth assessment

Miran et al. 2016

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Oncology
Chronic cell proliferation: most fundamental trait of cancer cells

Preclinical evaluation of nucleoside analogue 3'-(E)-(2-Iodoxyvinyl)uridin (IV-14)

Rationale for development of RNA-addressing nucleoside analogues

- for targeting of tumors with low mitotic index
- RNA-synthesis not S-phase restricted
- Uridine Cytidine Kinase 2 (UCK2) highly overexpressed in pancreas, colon, breast, lung, and ovarian tumor tissues

NC(=O)c1cc(O)c(O)c2c1[nH]c(=O)[nH]2C=C([I])C=O EUrd NC(=O)c1cc(O)c(O)c2c1[nH]c(=O)[nH]2C=C([I])C=O 'IV-14'

Oncology
Chronic cell proliferation: most fundamental trait of cancer cells

Preclinical evaluation of nucleoside analogue 3'-(E)-(2-Iodoxyvinyl)uridin (IV-14)

Zlatopoulos et al. JNM 2005

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Oncology
Inflammation as an early step of neoplastic progression

Tumor-promoting inflammation

Chronic infection and inflammation cause cancer in several organs including the colon, liver and large intestine.

Tumor-promoting inflammatory cells (macrophages, mast cells, neutrophils, T- and B-cells) release signaling molecules (e.g. EGF, VEGF, FGF2, chemokines, cytokines) and pro-invasive matrix-degrading enzymes (MMP-9).

Inflammatory cells (macrophages) release reactive oxygen species that are actively mutagenic for nearby cancer cells.

Tumor-infiltrating inflammatory cells induce and support tumor angiogenesis, proliferation of malignant cells, and facilitate tissue invasion.

Apoptosis
Cell migration

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Oncology
Inflammation as an early step of neoplastic progression

Tumor promoting function in carcinogenesis of cyclooxygenase-2 (COX-2)

Prostaglandins
COX-2
Epithelial cell
Target genes
Apoptosis
Cell migration
Blood vessel
Fibroblast
Angiogenic growth factor
Macrophage
Endothelial cell
Angiogenesis
COX-2 produced prostaglandins cause resistance to apoptosis and enhance cell migration in cancer cells (cell-autonomous effect)
COX-2 induces production of pro-angiogenic growth factors in fibroblasts and supports migration of endothelial cells (neovascularization)

Gupta et al. Nature Rev 2001

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